U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

FILED
2008 MAY -9 AM 9:12
CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

PLAINTIFF Nathan Kevin Turner	COURT CASE NUMBER 08cv0360 W (RBB)
DEFENDANT Edmund G. Brown Jr.,	TYPE OF PROCESS SUMMON AND COMPLAINT

SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Attorney General of the State of California

AT ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*
~~110 West "A" St. Suite 1100 San Diego, CA 92101~~
Post Office Box 85266 San Diego, CA 92186-5266

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

NATHAN KEVIN TURNER
CALIFORNIA MEDICAL FACILITY
POST OFFICE BOX 2000
VACAVILLE, CA 95696-2000

Number of process to be served with this Form - 285	6
Number of parties to be served in this case	6
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service)*:

Fold Fold

Signature of Attorney or other Originator requesting service on behalf of: ☒ PLAINTIFF ☐ DEFENDANT | TELEPHONE NUMBER | DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. *(Sign only first USM 285 if more than one USM 285 is submitted)*	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
	1	98	98	[signature]	5/7/08

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above *(See remarks below)*

Name and title of individual served *(if not shown above)*
Lisa Geoghegan Service Deputy

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address *(complete only if different than shown above)*

Date of Service	Time
5/8/08	1035 am / pm

Signature of U.S. Marshal or Deputy
[signature] Loveless 4122

Service Fee	Total Mileage Charges *(including endeavors)*	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)